

**STATE OF NORTH DAKOTA DEPARTMENT OF HEALTH
REQUEST FOR APPROVAL TO OPEN BURN
YEAR: _____**

Agency Name: _____
Address: _____

Phone: _____
Primary Contact: _____

Proposed dates:
Start: _____
End: _____

Send completed application to:

North Dakota Department of Health
Division of Air Quality
918 East Divide Avenue, 2nd Floor
Bismarck, ND 58501-1947

BURN UNIT INFORMATION

	UNIT NAME Wildlife Mgmt. Area	COUNTY	SECTION	TOWNSHIP	RANGE	TOTAL UNIT ACRES	ACRES TO BE BURNED	# DAYS REQUIRED
1								
2								
3								
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